PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							A	Application or Docket Number 10/046,749			ing Date 17/2002	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER FI	.ED	NUMBER E	MBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A	N/A		N/A		]	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A			N/A		]	N/A		
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))			N/A		N/A			N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			mir	us 20 = *			П	x \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	inus 3 = *				x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE is	If the specification and drawing sheets of paper, the application is \$250 (\$125 for small entity) the additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (G)			fee due ch of. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							l			]			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		1	TOTAL		
										OR	OTHER THAN R SMALL ENTITY		
AMENDMENT	03/23/2009	CLAIMS REMAINING AFTER AMENDME		HIGHEST NUMBER PREVIOUSI PAID FOR		ESENT XTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 34	Minus	<b></b> 32	= 2			x \$ =		OR	X \$52=	104	
z	Independent (37 CFR 1.16(h))	• 2	Minus	***3	= 0		1	x \$ =		OR	X \$220=	0	
M	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						l			OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	104	
(Column 1) (Column 2) (Column 3)													
_		CLAIMS REMAININ AFTER AMENDMEI		HIGHEST NUMBER PREVIOUS PAID FOR	R PR	ESENT XTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z.	Total (37 CFR 1,16(i))		Minus	**	=		П	x \$ =		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1,16(h))	٠	Minus	***			l	x \$ =		OR	x s =		
Ш	Application Size Fee (37 CFR 1.16(s))					l			]				
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 11	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.												

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